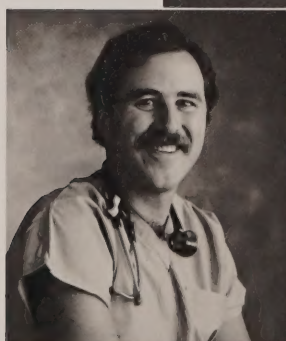
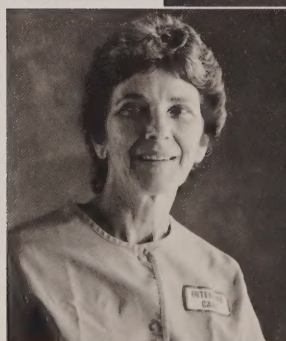




NEDH Corp.

*Annual
Report*

1988



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About the Deaconess

The New England Deaconess Hospital is a 489-bed specialty-referral, tertiary care facility, the third largest hospital in Boston, and a major teaching hospital of Harvard Medical School. Its 15-building complex is located in the Longwood Medical Area near the medical school and other health care institutions with which it shares several joint programs, research efforts, and staff.

Traditionally known for its work in cancer, diabetes, heart disease, and kidney transplantation, the Deaconess has in recent years gained additional recognition for excellence in general medicine and nutritional support, and for its expanding organ transplantation program.

The hospital prides itself on providing outstanding medical and surgical services, on the excellence of its medical and nursing staffs, and the talent and dedication of its 3,000 employees. The hospital is known as well for its teaching programs for young physicians; its commitment to nursing education, including School of Nursing and nursing research programs; and other training programs in the allied health sciences.

Research conducted at the Deaconess includes basic science and clinical research in areas such as: hematology, immunology, infectious disease, nuclear medicine, nutritional metabolism, oncology, pathology, peripheral vascular disease, pulmonary medicine, radiation therapy, surgical metabolism, and transplantation.

While committed to teaching and research, the hospital's primary mission is patient care. At the Deaconess, the patient always comes first. Deaconess people strive to provide the best possible patient care, combining excellence in medical services with personalized, understanding, and attentive support.

Included as part of this year's annual report are profiles of several members of the Deaconess community. Their stories represent a cross-section of the people who work at New England Deaconess Hospital in support of its primary mission—providing excellent patient care.

These brief sketches touch only the surface of what is really the heart of the Deaconess—its people. The many employees and staff members I have met or worked with during my association with the corporation all have had a certain quality about them. And it shows up in the daily performance of 3,000 or so people who come to work with an eye toward helping others, directly or indirectly.

This quality seems especially apparent in times of need. The financial problems faced by the corporation in 1987 did not fix themselves in 1988. The problems were faced, and fixed, by Deaconess people working together. Some people's jobs involved pinpointing the problems; others were charged with coming up with ways to resolve them; still others were asked to put the changes into practice. The point is that everyone at the Deaconess played some part in the turnaround, and everyone should take pride in that achievement.

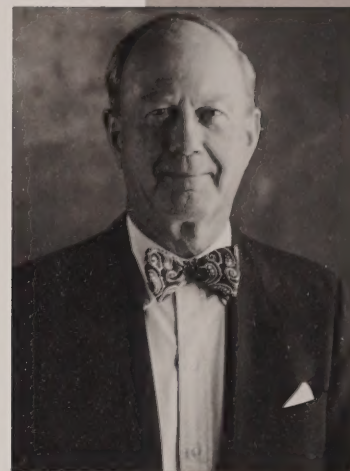
For every profile in this report, there are 100 more waiting to be written. There are employees who "Walk for Hunger"; who flip hamburgers and turn hot dogs in 100 degree weather to cook for others at the employee picnic; who give clothing and furniture to a fellow employee who has lost everything in a fire; who work double shifts when a nursing unit is short-staffed; who take call for months at a time because there is no other senior technician available; who come in routinely on weekends to catch up on paperwork and projects; who mourn the sudden loss of a fellow employee or the gradual decline of a favorite patient.

There were several changes in the composition of the Board of Directors during the year. Marvin G. Schorr rejoined the board; James M. Oates, president of NeWorld Bank, was elected a director; and Frank H. Brenton, president of Marshall's, retired from the board after three years of distinguished service. We are fortunate that he will remain in the corporation and as chairman of our Bequest and Deferred Giving Committee.

It is with great sadness that I report the death of Florence P. Lee last fall. She was a founding member of the Friends of the Deaconess, a long-time corporator, a former trustee, and, more recently, an honorary trustee. Mrs. Lee was dedicated to our hospital. We will miss her very much.

The September 1988 issue of *Trustee* magazine contains an article called "Declining Margins Revive Philanthropy"; it reminds us that "at one time, board members were chosen primarily because of what they could give or could raise." This important but limited role has changed, indeed! How fortunate that NEDH Corp. has trustees and corporators who bring great skills in finance, quality assurance, strategic planning, and management. These important assets were used in many extra hours of effort this year in helping to restore the corporation to financial health.

I want to reassure all that we continue to keep the improvement of our facilities—the centerpiece of our strategic plan—clearly in mind. Our capital fundraising activities are delayed. But they are not abandoned. Philanthropy is about to be vigorously revived. Our trustees, corporators, medical staff, employees, and friends will have many opportunities not only to ask, but to give as well.



The Deaconess will undergo a major change in the coming year, as President Laurens MacLure retires and passes on responsibility for the corporation and the hospital to his successor. Under his stewardship, NEDH Corp. has maintained its excellence in patient care, yet has become a major research and teaching institution. One of the goals of which he should be most proud is the excellent team he has helped to build—chiefs of service and members of the medical staff, senior management, department heads and supervisors, and dedicated and committed employees. It is a fine legacy.

On behalf of the trustees, I wish to congratulate President MacLure and all members of the Deaconess community for giving 110 percent (and more, in many cases) this past year—for the hospital, for its patients, and for each other. I am proud to be a part of the family.

Colby Hewitt Jr.

Colby Hewitt Jr.
Chairman

Fiscal 1988 was an extremely challenging year for your management, medical staff, and board. Amid great uncertainty regarding the basic payment system governing approximately one-half of our revenues, we were faced with the task of managing a recovery from the very serious financial problems that developed last year. I am happy to relate in this report that we were successful and our financial results, aided by several fortuitous events, exceeded our ambitious goals.

Our fiscal year began last fall with the expiration of Chapters 372 and 574 of the state's laws governing hospital reimbursement from all third parties, except Medicare. In addition, the master Blue Cross contract, which was closely tied to these state laws, expired on September 30. To complicate matters further, Governor Dukakis decided this was the time to pursue simultaneously universal health insurance for the citizens of Massachusetts and to run for president of the nation. Needless to say, the politics of these decisions made for a very complex environment within which to enact new hospital payment legislation. It was not until late April, six months after the start of our fiscal year, that we had a universal health bill that included the new hospital payment system. The Blue Cross contract was not agreed upon until several months later.

Meanwhile, we had to run the Deaconess, meet our payroll, and take care of our patients. We established our 1988 budget on the assumption that no major changes would occur in the new payment system. Therefore, any improvements or any significant financial relief would be helpful to us; any takeaways would hurt us. We were banking on enhancements rather than retractions, based on the increasing financial problems being encountered by hospitals throughout the state.

Our basic operating plan was quite simple: increase revenues by increasing admissions, while controlling expenses via appropriate reductions in patient length of stay. We set and achieved very ambitious goals in both areas. For fiscal 1988 admissions were up 7.1 percent over 1987 and length of stay was down 11.2 percent from the preceding year. In addition, we took explicit actions designed to reduce expenses by \$6.5 million. All of these steps were implemented only after careful evaluation of the implications, particularly that there would be no negative effect on patient care.

The bottom line for fiscal 1988 is that net revenues—after adjusting for free care, bad debts, and contractual adjustments—amounted to \$155,596,000. Expenses totaled \$151,558,000, leaving an excess of revenues over expenses of \$4,038,000.

We were helped materially this year by two events: the passage of Chapter 23, the new health care legislation, which allowed us to increase allowable hospital revenues by \$2,365,000, and by the Rate Setting Commission's approval of our request for a retroactive case mix adjustment covering the years 1983 to 1987.

Looking ahead to fiscal 1989, we are cautiously optimistic. All the expense control actions taken during 1988 should continue to assist us, as will the provisions for recognizing volume increases and for inflation in Chapter 23. Moreover, the knowledge that we now have three more years of certainty regarding the payment system under Chapter 23 and the new Blue Cross contract will be helpful in planning. In longer term, however, our nation must reconcile the desire for a high-quality health delivery system with the need for an adequate payment system for hospitals and doctors. As a nation we cannot continue to provide increasing benefits to our citizens while we hold down payment to hospitals and doctors.

While we focused a great deal of time and energy on operating goals during the year, there were several other equally important accomplishments. We recruited a number of new doctors and finalized our plans to convert

Kennedy Hall to doctor's offices and to provide space for our growing outpatient activities, starting in June of 1989. Our 100th liver transplant was performed in April, and in May we did four organ transplants in a single day: two livers, a kidney and a pancreas. In July our board approved the inauguration of a lung transplant program. This new effort in transplantation is consistent with our strategy of emphasizing excellence in selected areas designed to enhance the hospital's reputation and stimulate referrals.

Among the other significant events of the year are the following:

- ☐ Increased emphasis on patient care, supported by a hospital-wide guest relations program designed to highlight our goals in this area.
- ☐ Interviewed staff physicians and referring doctors to determine the hospital's strengths and weaknesses as a referral center.
- ☐ Established a Center for Nursing Research to support and expand investigations into how nursing practice can increase the quality and effectiveness of patient care.
- ☐ Established a Patient Care Technician Program within the Department of Nursing to train qualified men and women to provide supportive patient care under the direction and supervision of a registered nurse. This new initiative is in direct response to the nationwide shortage of registered nurses, and is very much in keeping with our traditional leadership in patient-centered care.
- ☐ Approved the establishment of the Mind/Body Medical Institute under the leadership of Herbert Benson, M.D., to centralize research activities relating to behavioral medicine.
- ☐ Completed our main entrance and lobby renovations with the refurbishment of the Gift Shop, financed by the Friends of the Deaconess.
- ☐ Held the first management and chiefs retreat to review the hospital's strategic plan, to establish programmatic goals, to

establish priorities, and to integrate clinical and operational planning.

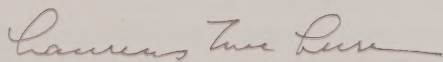
Several of these items are expanded upon later in this report.

Merle A. Legg, M.D., retired on August 31 after nearly 35 years as a member of the Department of Pathology and 13 years as chairman. Merle has agreed to continue his service to the hospital as a consultant for the next several years. Barbara B. Hooker, R.N., director of our School of Nursing, was chosen to receive the Mary B. Conceison Award for her outstanding contributions to nursing education from the Massachusetts/Rhode Island League for Nursing.

The entire hospital mourned the death in December 1987 of Raymond Dix, our long-time hospital chauffeur, Red Sox fan, and friend.

We can be proud of our achievements during the past year, especially our return to financial health. But these accomplishments would not have been attainable without the support of our employees, our medical and nursing staffs, trustees, corporators, management, volunteers, and Friends. You have all played a vital role in making 1988 a good year.

This will be my last report as your president. I am nearing mandatory retirement age and have asked the board to organize a search for my successor. Being your chief executive has been a singular honor for me, and I always have felt I had the best job in New England. Where else could one help so many people with serious physical and mental problems, or educate others to do so, or support research designed to advance frontiers of knowledge in medicine? Your support and encouragement have meant a great deal to me, and I want to take this opportunity to thank all of you.



Laurens MacLure
President



Highlights of 1988

Annual meeting looks at behavioral medicine

The 1988 annual meeting focused on the mind/body programs of the section on behavioral medicine. Herbert Benson, M.D., section chief, discussed his group's work, which integrates traditional mental techniques with modern medical science to help treat such disorders as high blood pressure, anxiety, and pain. In the business portion of the meeting, Laurens MacLure, NEDH Corp. president, gave a comprehensive presentation of the 1987 financial results.

MRI installation approved

In January, the Massachusetts Public Health Council approved the application of the Joint Center for Magnetic Resonance Imaging (MRI) to install a unit at the Deaconess. The unit will be housed in a specially-constructed building on the hospital campus. Installation and final inspection are expected to be completed early in 1989. The center's first unit, located at Beth Israel Hospital, was put into operation during the year, and a research MRI unit and laboratory were con-



(Above) This building, which will house the hospital's new magnetic resonance imaging unit, is constructed with special shielding to protect passersby from the powerful magnet. (Left) At the annual meeting in January, Herbert Benson, M.D., (above) described the hospital's programs in behavioral medicine, and Laurens MacLure, president, discussed the hospital's 1987 financial performance.

structed at the Shields Warren Radiation Laboratory. Other members of the Joint Center for MRI are Brigham and Women's Hospital, The Children's Hospital, and Dana-Farber Cancer Institute.

Building plans revised

Because of the hospital's 1987 financial performance, plans to begin construction on the hospital's new patient care facility in 1990 were amended. With the approval of the Public Health Council, the renovation of Kennedy Hall for ambulatory care and physicians' offices was separated from the hospital's original Determination of Need (DoN) application filed in August 1987.

The Kennedy Hall project will start in the spring of 1989, after graduation of the final School of Nursing class. The remaining DoN for the new facility, to be

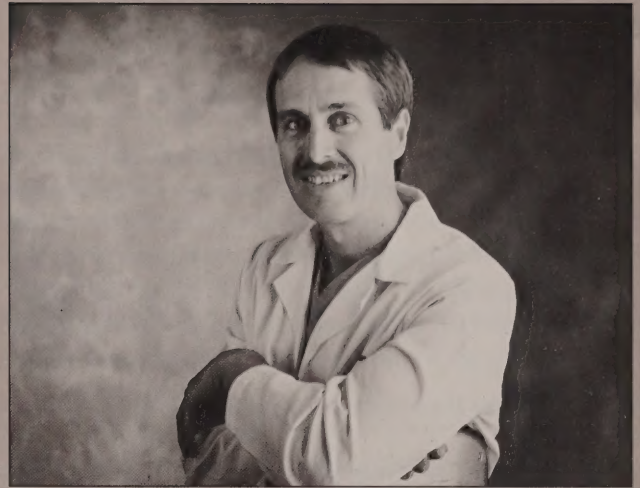
Wayne Hyland, R.N.

Wayne Hyland, R.N., is clinical leader in Surgical Services, a position in which he coordinates the schedule, activities, and personnel in the hospital's 12 operating rooms. Before starting his present position in 1988, he was a cardiac scrub nurse for almost 10 years.

Essentially I operate a communications center. With 12 rooms you have to centralize communications to ensure the smooth running of the operating rooms. I keep in touch with the different departments—we get patients from the floors, from Day Care, from Triage, and from the cath lab in emergencies—and I coordinate services we need from areas like Anaesthesia, the Blood Bank, and Central Supply. I work with our nurse managers to make sure that the right staff people are available for the cases we have scheduled.

The schedule in the ORs fluctuates. There are periods when it is very busy and periods when it slacks off. But we always have to be prepared to run all 12 rooms. When patients who need surgery come to the hospital, it's our obligation to be ready to take them as soon as possible.

The nurses here are a very experienced group. They work at the Deaconess because they are interested in the more difficult types of surgery we do here—cardiac surgery, liver and kidney transplants, and other challenging procedures. They are very highly motivated, which makes my job a lot easier. We offer a level of care that's not available in most other hospitals. We're all very proud to work at the Deaconess.



built on the Harris Hall site, will be reactivated as soon as financing commitments can be met.

Human Resources activities

The Human Resources Department faced two major challenges during the year: helping to cut costs based on 1987's financial results, and filling essential positions in the face of a national shortage of workers. Expense reduction was accomplished through a successful early retirement program, downsizing of some departments through attrition, and minimal reductions in force. Shortages of secretaries, allied health professionals, nurses and other workers were met through competitive salary adjustments, vigorous recruitment activities, and a continuing emphasis on retention of current staff.

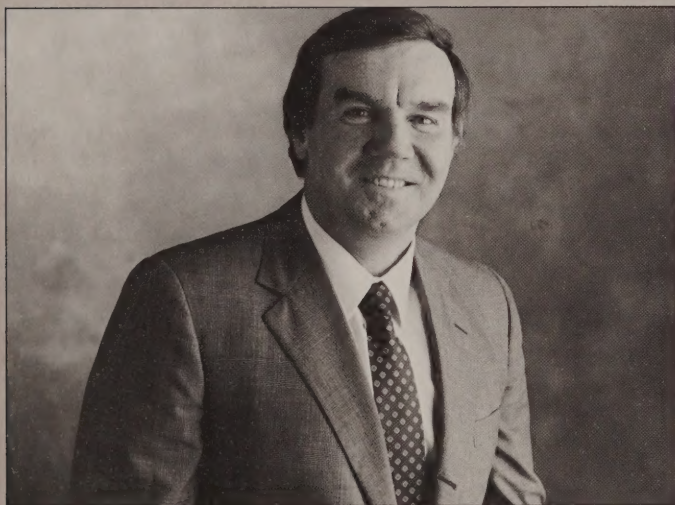
A flexible benefits program, which went into effect in January, gives employees greater control of their benefits, certain tax advantages, and the option to exchange cash for unused benefits. Employees can choose from several options for medical, dental, accident, and life insurance, and also may deposit before-tax dollars into reimbursement accounts to pay for uncovered medical expenses or dependent care.

Nursing research center established

A new Center for Nursing Research established at the Deaconess provides a structure for examining the process of direct patient care. The center's goals are increasing the scholarly activity of nurses, contributing to the scientific information base for nursing practice, and attracting students and investigators to conduct studies at the hospital. The center seeks funding for projects through the National Center for Nursing Research, a division of the National Institutes of Health, and from private foundations and corporations.

Studies investigate new treatments for AIDS, cancer

Researchers in the hematology/oncology section of the Department of Medicine showed that CD4, a synthetic protein, may be able to block the virus that causes AIDS from infecting T-cells, the primary target of the virus in the immune system. Further studies of GM-CSF, a blood growth factor that has been shown to increase white blood cell levels in patients with AIDS, are looking at the hormone's usefulness in the treatment of certain lung cancers.



Paul Minton

A financial analyst in the budgeting department, Paul Minton works with department managers to help them develop their operating budgets. He also is involved with the maintenance Transition, the hospital's decision support system. Prior to assuming his current position in 1985, he was the hospital's payroll manager.

As we had to tighten budgets over the past year, people in the hospital have become much more fiscally aware. I've seen that in how carefully the managers prepare their budget docu-

mentation and how closely they keep track of their results. They're watching the dollars and even the pennies, which is a good sign.

The new Transition system is designed to help the hospital evaluate its services, to look at how profitable they are, and to identify problem areas. It integrates financial and clinical data, and will provide a lot of information to department heads. This is a new way of looking at things for the Deaconess, but every hospital in the area is doing something similar.

The Deaconess really is like a family. It's been great to see how everyone pulled together this year to help solve our problems. We had some luck in our financial results, but in the long run, it's going to be the people who will turn things around.

Open, more flexible space and a wider selection of items are features of the remodeled Gift Shop, sponsored by the Friends of the Deaconess.



Program emphasizes employee health, safety

The hospital's Employee Health Clinic turned its focus to the prevention of work-related injuries and illnesses. An occupational health nurse works with people throughout the hospital to set policies and procedures for safe work practices. Efforts include educating employees in proper methods of lifting or moving both patients and heavy objects. The program also coordinates the worker's compensation program for injured employees, assuring that they receive appropriate treatment and compensation.

Gift shop renovated

The Deaconess Gift Shop reopened in March after a month-long renovation, funded by the Friends of the Deaconess. The new shop features more efficient use of space and a brighter appearance. The Gift Shop also broadened the range of gift items offered and extended its hours of operation.

Helena Fonseca

As administrative assistant in the External Affairs office, Helena Fonseca administers the hospital's Annual Appeal. She started at the hospital as a secretary in clinical pathology, and moved into her present job in 1985.

I handle all the donations to the Annual Appeal, and often I see the nicest notes from patients, telling about their experiences at the Deaconess. They appreciate the excellent care they received here and how everyone really cared about them. I feel good when I read those letters.

In the time I've been in this department, there's been a substantial increase in giving, and a lot of that has been through the leadership Deaconess Associates program. One of my major projects is the annual Phonathon, when volunteers call prospective donors over three or four nights to ask if they'd like to give to the hospital. There is a lot of interest among the people who work here in volunteering for the phonathon, and many of them give to the appeal as well. It's been very successful; we raised close to \$24,000 last year.

I think the Deaconess is a great place to work and a great place for patients to receive care. My father was a patient at the Deaconess, and I referred my sister-in-law to a job here. I would recommend the Deaconess to anyone.



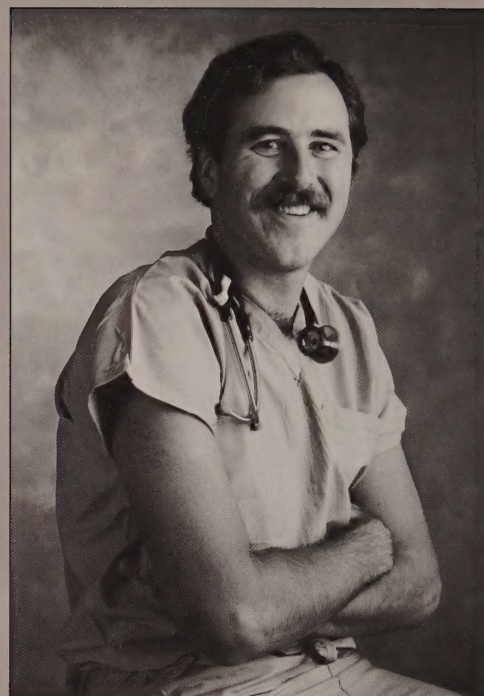
Stuart Zarich, M.D.

Cardiologist Stuart Zarich, M.D., came to the Deaconess as a medical intern in 1981. He continued his residency here and was one of the hospital's two chief medical residents in 1983–84. After completing his cardiology fellowship, he joined the active staff in 1988.

As chief residents, we had to coordinate the activities of the hospital's 70-some interns and medical residents—everything from scheduling and rotations to acting as a major force in their education. And we acted as liaison between the house staff and the attending staff. The Deaconess is a very good place for learning because, while we have some very interesting patients to care for, the atmosphere is not as competitive or pressurized as some other hospitals. There is a good mix between the academic and patient care aspects.

And it's a nice place for patients to be taken care of. The nurses and ancillary people—phlebotomists, respiratory therapists, and all the others—are excellent. The people are not only good at their work, they're dedicated. The care that's given is more personalized than at a lot of other teaching hospitals.

The past few years have been difficult for all hospitals. There's been a lot of pressure to reduce the time patients spend in the hospital, and it's been frustrating for a lot of the physicians. But everyone has worked together on scheduling and coordinating services, and we've really made progress. I've been impressed at how the Deaconess has overcome some adversity and is going ahead to meet the needs of the physicians and the patients.



Deaconess people play active role in health care legislation

Members of the Deaconess community wrote letters, attended rallies, and testified at public hearings as part of a legislative process revolving around Governor Dukakis's plan to provide universal access to health care for the uninsured citizens of Massachusetts. The final legislation, which was passed in April, assured universal access and created a four-year financing mechanism for hospitals.

Service Awards reception

For the first time, the annual Employee Service Awards Reception was held at the New England Aquarium. Honoring employees with five or more years of service, the evening included the presentation of awards of merit to those who had completed 25 or 30 years of service, a video program featuring hospital employees, and awarding of door prizes.

Continued leadership in transplantation

The hospital's transplantation program was put to the test in May when four transplant operations took place on a single day. Two liver transplants were performed back to back, and a pancreas and kidney were transplanted into a third patient. It was the first time a combined kidney/pancreas transplant, an uncommon procedure, was done at the Deaconess. The hospital continued as the most active member of the Boston Center for Liver Transplantation, completing its 100th transplant in April.



Deaconess employees rallied at the State House in support of the governor's universal health care proposal.

Margaret Sepples, R.N.

A staff nurse in intensive care Unit 2, Margaret "Nickle" Sepples, R.N., has worked at the Deaconess almost 20 years. She worked for a time in the operating room and recovery room, but has spent most of her career in intensive care. Before joining the Deaconess nursing staff, she worked at both Massachusetts General Hospital and the Mayo Clinic.

Working in the ICU is good for me, because it is a small environment. It's the combination of the patients and their families that is so wonderful to work with—they need so much from you in such a limited period of time. One of the nicest things is when a patient is brought in after spending the night in the Recovery Room. You roll them in very gently, wash their face, put a clean shirt on them, and give them some breakfast. And the look on their face reflects their realization that, "I'm going to be alright!"

There is a myth about ICUs that they are places for people to die, but that's not true. ICUs are places for the very sickest patients to get the special kind of care they need. And most of them get well; they go home to their families.

The Deaconess ICU always has been a place where other nurses and physicians want to come and see what we do with our minds and hands to care for our patients. They come, and bring with them all of their expertise—or their lack of expertise, if they are right out of school. And in working with them you get a chance to learn again. You share with them, and you apply what you've learned in that small environment with those sick patients. And you get to feel very good about what you are doing.



Major grants add to research funding

Research funding in 1988 rose to about \$27 million in direct cost dollars, compared to approximately \$22 million in 1987. Major research grants awarded during the year include:

- ☐ A \$1.45 million contract from the National Heart, Lung, and Blood Institute (NHLBI) to Daniel O'Leary, M.D., director of neuroradiology, as part of a six-year study of the natural progression of heart disease and stroke in the elderly.
- ☐ A \$1.05 million grant, also from NHLBI, to Richard Rose, M.D., chief of pulmonary disease in the Department of Medicine, for a five-year study of the role of macrophage colony-stimulating factors (CSFs) in respiratory biology.

Other important grants were received in such areas as radiation therapy and nutrition. A new laboratory for vascular surgery research under Frank W. LoGerfo, M.D., was constructed in the off-campus building already housing hematology and oncology research labs.

Universal precautions instituted throughout the hospital

Universal precautions—standards of infection control to protect health care workers against diseases transmitted in blood and body fluids—were phased in over the spring and summer through informal activities on patient floors and formal teaching sessions. Universal precautions are observed for every patient in the hospital, regardless of diagnosis. They are required by industry and federal regulatory bodies and are becoming the national standards for infection control.



Study investigates prostate cancer detection methods

Physicians in the Department of Radiology and the urology section of the Department of Surgery are involved in the first full-scale study of transrectal ultrasound for the detection of prostate cancer. Using sound waves to produce images of the prostate gland, the procedure may prove more effective in detecting early prostate cancer than the digital rectal exam. The Deaconess is one of seven institutions—and the only one in New England—to participate in the five-year study.

Comprehensive Breast Center

A two-phase program to provide screening for and treatment of breast cancer was established by the hospital in cooperation with Bay Colony Medical Group, a private internal medicine practice in Brookline. The Comprehensive Breast Center (CBC) offers routine screenings and mammography in a convenient setting. Women diagnosed with breast cancer are referred to a multidisciplinary treatment program, located at the Deaconess, which provides complete evaluation and review of treatment options.

Legg retires as chairman of Pathology

Merle A. Legg, M.D., chairman of Pathology since 1975, retired at the end of August. A member of the staff for more than 30 years, he guided his department through a time of many changes. The challenges met during his tenure include providing lab support to the liver transplantation program, instituting a computerized test ordering and reporting system, and revising patterns of test ordering to keep costs down. Legg was honored by his friends and colleagues at a hospital reception and a Harvard Club dinner.

Patient care technician program

A three-month program designed to train a new type of health care worker graduated its first class in September. Patient care technicians provide supportive care and carry out specific treatments and procedures under the direction and supervision of registered nurses. The position provides a career ladder for nursing assistants and job opportunities for high school graduates interested in the health care field. It also responds to the nationwide nursing shortage by providing support and assistance to staff nurses.

Corporate identity sharpens Deaconess image

A corporate identity program—setting specific graphic standards for stationery, publications, and related materials produced for the hospital—was instituted in the fall. Designed to sharpen the public's perception of the Deaconess, as well as cut costs and reduce waste and duplication, the program includes a modernization of the hospital's "lady and the lamp" logo.

Joint Center observes 20 years

The Joint Center for Radiation Therapy (JCRT) marked its 20th year during 1988. Framingham Union Hospital's radiation therapy department is the center's newest member, joining Beth Israel Hospital, Brigham and Women's Hospital, The Children's Hospital, Dana-Farber Cancer Institute, and the Deaconess. The JCRT's continuing research programs include trials of agents that improve

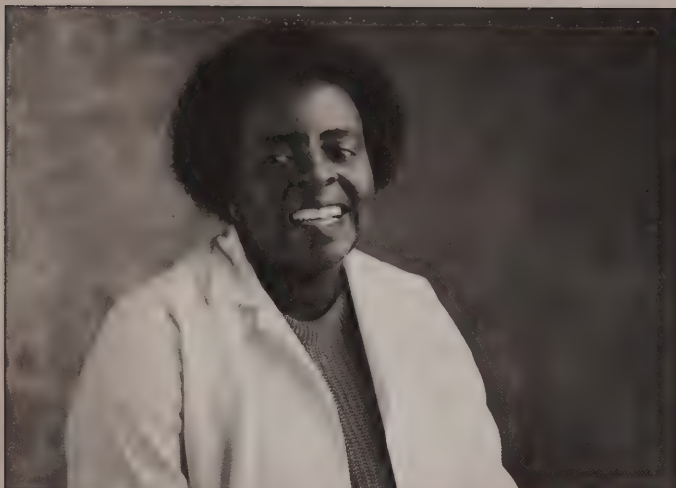


Merle Legg, M.D., retiring chairman of Pathology, and his wife listen to speakers at the Harvard Club dinner held in his honor.



Deaconess
Hospital

The hospital's corporate identity program features a new version of the "lady and the lamp" logo.



Rhonda Rukunda

Rhonda Rukunda started at the Deaconess in 1982 as an ultrasound technologist in the obstetrical radiology suite in the Slevin Medical Office Building. She transferred to the Hospital's inpatient ultrasound lab in 1985, and became ultrasound supervisor in 1987.

I began studying to be an x-ray technologist in school, but I changed to diagnostic ultrasound because I really enjoyed the challenge. During a half-hour ultrasound study, you are looking at a lot of anatomy and analyzing the texture of different organs for any abnormalities. You discuss your observations with the doctors and see if they agree with you. You're really involved in patient care.

What I like best in my job is my patients. I always try to put myself in their place; I ask myself how I'd like to be treated if I were in the hospital. And I try to make them more comfortable. A lot of people don't realize how many things ultrasound is used for. We do pelvic scans and studies of the liver, kidneys, and pancreas. The new prostate screening project is very important, and we scan during operations to help surgeons locate tumors or take biopsies.

I always say, if you can scan at the Deaconess, you can scan anywhere. We see a lot of pathology, and our scanning procedures are very thorough. Sometimes we spot unexpected problems that might not be detected for a couple of years, which helps patients get treated sooner. I want to help maintain the excellent reputation the Deaconess has by keeping my work as perfect as it can be.

cancer cells' sensitivity to radiation, investigations of hyperthermia (the use of heat to kill cancer cells), and studies of the interaction of radiation with chemotherapy. The JCRT linear accelerator, located at the Deaconess, will be replaced with a modern, more powerful unit in 1989.

Fundraising report

The 1988 Annual Appeal raised more than \$330,000, which will be used to purchase critical care equipment and a comprehensive nurse training system. The Deaconess Associates program, which encourages major gifts to the appeal, recorded 160 participants giving \$500 or more. Gifts from the Friends of the Deaconess totaled \$125,600.

Deaconess development programs—which also include corporate and foundation gifts, special purpose gifts, and bequests and planned giving—raised more than \$1.4 million during 1988 in support of the hospital's patient care and research programs.

New subsidiary established; name change for realty group

The Mind/Body Medical Institute, Inc., a new NEDH Corp. subsidiary, was established in September. Under the direction of Herbert Benson, M.D., the institute will raise funds to support teaching and research activities in behavioral medicine and the relaxation response.

Riverbrook Corporation was chosen as the new name for Deaconess Realty Corp., which manages the hospital's non-medical real estate. The name change reflects the subsidiary's future expansion into non-realty ventures.

Financial and Statistical Highlights

NEDH Corp. and Subsidiaries Consolidated Balance Sheets

September 25, 1988
and September 27, 1987

Assets

\$000

Unrestricted funds

FY 1988

FY 1987

Current assets	\$ 75,181	\$ 69,492
Trustee designated assets	14,332	11,799
Property, plant, & equipment (net)	56,612	54,643
Total	\$ 146,125	\$ 135,934

Restricted funds

Special purpose funds	\$ 18,322	\$ 15,629
Endowment funds	13,438	13,385
Plant replacement & expansion funds	903	4,496
Total	\$ 32,663	\$ 33,510

<i>Total assets</i>	<i>\$ 178,788</i>	<i>\$ 169,444</i>
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Liabilities

Unrestricted funds

Current liabilities	\$ 69,633	\$ 64,105
Noncurrent liabilities	18,996	13,544
Long-term debt	19,698	21,936
Fund balances	37,798	36,349
Total	\$ 146,125	\$ 135,934

Restricted funds

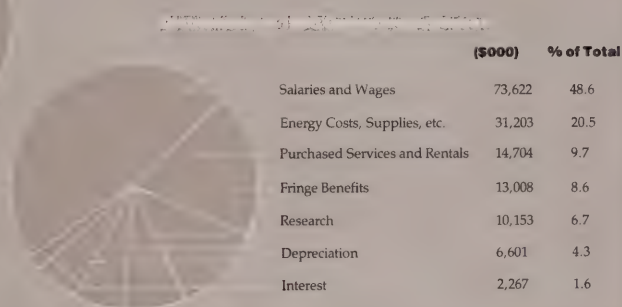
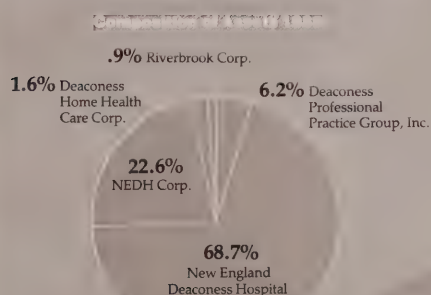
Liabilities and fund balances	\$ 32,663	\$ 33,510
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<i>Total liabilities and fund balances</i>	<i>\$ 178,788</i>	<i>\$ 169,444</i>
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NEDH Corp. and Subsidiaries
Statement of Revenue and Expenses

September 25, 1988
 and September 27, 1987

	\$000	
Net revenues	FY 1988	FY 1987
Patient care	\$151,115	\$126,768
Real estate	1,402	1,297
Investments	3,079	2,921
<i>Total net revenues</i>	<i>\$155,596</i>	<i>\$130,986</i>
Operating expenses		
Patient care	\$150,294	\$153,170
Real estate	967	805
Other	297	429
<i>Total operating expenses</i>	<i>\$151,558</i>	<i>\$154,404</i>
<i>Excess (deficiency) of revenue over expenses</i>	<i>\$ 4,038</i>	<i>(\$ 23,418)</i>



HFDH Corp. and Subsidiaries Financial Highlights

	\$000				
	1988	1987	1986	1985	1984
Net revenues	\$155,596	\$130,986	\$139,290	\$121,845	\$116,141
Operating expenses	\$151,558	\$154,404	\$133,103	\$120,668	\$110,949
Excess (deficiency) of revenues over expenses	\$ 4,038	(\$ 23,418)	\$ 6,187	\$ 1,177	\$ 5,192
Accounts receivable—net	\$ 45,990	\$ 39,916	\$ 30,736	\$ 22,333	\$ 18,311
Property, plant, & equipment (net)	\$ 56,612	\$ 54,643	\$ 51,566	\$ 44,071	\$ 40,159
Long-term debt	\$ 19,698	\$ 21,936	\$ 22,746	\$ 15,121	\$ 10,577
Total unrestricted assets	\$146,125	\$135,934	\$113,185	\$ 88,977	\$ 75,225

Operating Statistics Fiscal Year 1988

Compared to Fiscal Year 1987

	FY 1988	FY 1987
Occupancy	73.0%	78.7%
Admissions	14,037	13,107
Patient days	129,924	140,027
Average daily census	356.9	384.7
Average stay (days)	9.5	10.7
Surgical procedures	7,579	6,274
Surgical minutes	1,555,607	1,505,028
Radiological procedures	83,305	77,714
Radiation treatments	18,581	20,393
Laboratory units	44,910,686	44,580,113
Outpatient visits	75,335	67,511



NEDH Corp.

As of 1988, prior to January 17,
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